

Letter to the Editor

Antimicrobial resistance among isolates cultured from patients hospitalized with lower respiratory tract infection in Europe

Ad C. Fluit,⁽¹⁾ Jan Verhoef,⁽¹⁾ and Franz-Josef Schmitz⁽¹⁾ for the SENTRY Participants Group⁽²⁾

Int J Infect Dis 2002; 6: 144–146

Lower respiratory tract infections represent a major concern, especially with increasing numbers of resistant *Streptococcus pneumoniae*, extended-spectrum β -lactamase-producing Enterobacteriaceae, and *Staphylococcus aureus* with reduced susceptibility to vancomycin. Here, we report on the susceptibilities of isolates cultured from patients with lower respiratory tract infection to different antibiotics obtained from 20 western and central European hospitals in 1997 and 1998 as part of the SENTRY Antimicrobial surveillance Program.¹

In total, 2083 isolates were obtained. The most frequently isolated organisms from patients with lower respiratory tract infection were *Staphylococcus aureus* and *Pseudomonas aeruginosa*, comprising 21.0% and 20.3% of the isolates, respectively, followed by *Enterobacter* spp. (7.9%), *Escherichia coli* (7.0%), *Streptococcus pneumoniae* (5.7%), *Haemophilus influenzae* (4.7%), *Acinetobacter* spp. (4.4%), *Klebsiella pneumoniae* (4.3%), *Serratia* spp. (3.8%), and *Stenotrophomonas maltophilia* (2.6%). The large contribution of *Staphylococcus aureus* is in agreement with a 1996 American national nosocomial infection surveillance report, which showed that *Staphylococcus aureus* was the commonest cause of pneumonia, accounting for

19% of all isolates.² Comparison of the frequency of isolation of bacterial species cultured from patients with lower respiratory tract infection in hospitalized patients between the European and Latin American arms of SENTRY shows that *P. aeruginosa* and *Staphylococcus aureus* are the top two species, although their order is reversed.³ *Acinetobacter* spp. ranked third in Latin America, with 11.9%, compared to seventh position in Europe. On the other hand, only 1.4% of the isolates were *Streptococcus pneumoniae* in Latin America, compared to 5.7% in Europe. Notably, *H. influenzae* is absent among the top 10 species isolated in Latin America.

The MIC_{50s}, MIC_{90s} and percentage susceptibilities of *Staphylococcus aureus* and *Streptococcus pneumoniae* for various antibiotics are presented in Tables 1 and 2, respectively. Intermediate-resistant penicillin-resistant isolates were obtained from Germany, France, Spain, and Poland. The highly resistant isolates were obtained from Germany, France, and Spain. All isolates, with the exception of two penicillin-resistant *Streptococcus pneumoniae* isolates from France, were completely susceptible to quinupristin–dalfopristin.

The MIC_{50s}, MIC_{90s} and percentage susceptibilities of Enterobacteriaceae and other Gram-negative bacteria for various antibiotics are presented in Tables 3 and 4, respectively. *H. influenzae* was susceptible to all β -lactam and fluoroquinolone antibiotics tested. Based on resistance against ceftazidime, ceftriaxone, or aztreonam, four (2.7%) *E. coli* isolates and 13 (14.4%) *K. pneumoniae* isolates carried an extended-spectrum β -lactamase or were overproducers of AmpC.

Resistance to various antibiotics also tended to be higher for isolates from southern Europe, and isolates from hospitalized patients with lower respiratory infection showed markedly higher rates of resistance against most antibiotics compared to isolates from community-acquired pneumonia.⁴ In comparison to Gram-negative isolates from Latin America, the European isolates generally have clearly higher susceptibilities to almost all antibiotics tested.³

With the exception of *Acinetobacter* spp., the susceptibilities of bacterial isolates cultured from patients with lower respiratory tract infection to various antibiotics still allow adequate treatment with traditional

⁽¹⁾Eijkman-Winkler Institute, University Hospital Utrecht, Utrecht, The Netherlands; ⁽²⁾The SENTRY Participant Group includes: Helmut Mittermayer (Austria), Marc Struelens (Belgium), Fred Goldstein (France), Vincent Jarlier (France), Jerome Etienne (France), Rene Courcol (France), Franz Daschner (Germany), Ulrich Hadding (Germany), Nikos Legakis (Greece), Gian-Carlo Schito (Italy), Gianmarco Rapponi (Italy), Piotr Heczko (Poland), Waleria Hryniewicz (Poland), Dario Costa (Portugal), Evelio Perea (Spain), Fernando Baquero (Spain), Rogelio Martin Alvarez (Spain), Jacques Bille (Switzerland), Gary French (UK).

This SENTRY antimicrobial surveillance program was funded by an educational grant from Bristol-Myers Squibb Pharmaceutical Company (Princeton, NJ, USA). The European Network for Antimicrobial Resistance and Epidemiology (ENARE) received a grant (ERBCHRCT940554) from the European Union.

Address correspondence to Eijkman-Winkler Institute, University Hospital Utrecht, room G04.614, PO Box 85500, 3508 GA Utrecht, The Netherlands. E-mail: A.C.Fluit@lab.azu.nl.

Corresponding Editorial Office: New York

Table 1. Antimicrobial susceptibility (%S) and spectrum of activity (MIC_{50/90}) of different antimicrobial agents against *S. aureus* isolates obtained from patients with lower respiratory tract infection.

Antimicrobial agents	Isolates			
	MRSA (n=151) ^a		MSSA (n=289)	
	MIC _{50/90} µg/ml	%Susc	MIC _{50/90} µg/ml	%Susc
Cefazolin	>16/>16	0.0	≤2/4	100.0
Ceftriaxone	>32/>32	0.0	2/4	100.0
Imipenem	>8/>8	0.0	≤0.06/0.25	100.0
Gentamicin	>16/>16	29.8	0.5/1	95.9
Ciprofloxacin	>2/>2	8.6	0.25/>2	88.2
Erythromycin	>8/>8	6.6	0.5/>8	75.1
Clindamycin	>8/>8	17.9	0.12/0.25	91.4
Quinupristin/dalfopristin	0.5/0.5	98.0	0.25/0.5	99.7
Doxycycline	4/>4	94.8	≤0.5/≤0.5	98.6
Minocycline ^b	2/4	100	≤0.25/0.25	98.4
Rifampin	1/>2	50.3	≤0.25/≤0.25	98.3
Teicoplanin	1/2	100.0	0.5/1	100.0
Vancomycin	1/2	100.0	1/1	100.0

^aMRSA=methicillin-resistant *S. aureus*; MSSA=methicillin-sensitive *S. aureus*; ^bnumber of MRSA isolates tested 55; number of MSSA isolates tested: 127.

Table 2. Antimicrobial susceptibility (%S) and activity spectrum (MIC_{50/90}) of different antimicrobial agents against *Streptococcus pneumoniae* obtained from patients with lower respiratory tract infection.

Antimicrobial agent	Isolates					
	PS- <i>S. pneumoniae</i> (n=88) ^a		PI- <i>S. pneumoniae</i> (n=18)		PR- <i>S. pneumoniae</i> (n=15)	
	MIC _{50/90} µg/ml	%Susc	MIC _{50/90} µg/ml	%Susc	(MIC _{50/90} µg/ml)	%Susc
Amoxicillin	≤0.06/≤0.06	100.0	0.5/2	66.7	2/>8	0.0
Penicillin	≤0.03/0.06	100.0	0.5/1	0.0	2/4	0.0
Cefotaxime	0.015/0.03	100.0	0.12/1	88.9	1/2	20.0
Cefuroxime	≤0.06/0.12	100.0	0.5/4	55.6	8/8	0.0
Levofloxacin	1/2	98.9	1/2	100.0	1/2	100.0
Grepafloxacin	≤0.12/0.25	100	≤0.12/0.25	100.0	≤0.12/≤0.12	100.0
Trovafoxacin	0.12/0.5	100	0.12/0.25	100.0	0.25/0.5	100.0
Gatifloxacin ^b	0.25/0.5	—	0.25/0.25	—	0.25/0.5	—
Erythromycin	≤0.25/0.5	88.6	0.5/>32	44.4	>32/>32	0.0
Clindamycin	≤0.06/≤0.06	96.6	0.25/>8	61.1	>8/>8	13.3
Azithromycin	≤0.12/0.25	94.3	0.5/>16	50.0	>16/>16	13.3
Quinupristin/dalfopristin	0.5/0.5	100.0	0.5/1	100.0	0.5/2	80.0
Vancomycin	0.25/0.5	100.0	0.25/0.5	100.0	0.5/0.5	100.0

^aPS=penicillin-susceptible; PI=penicillin-intermediate resistant; PR=penicillin-resistant; ^binvestigational drug, no NCCLS breakpoint defined.

Table 3. Antimicrobial susceptibility and spectrum of activity of different antimicrobial agents against the most prevalent Enterobacteriaceae cultured from patients with lower respiratory tract infections.

Antimicrobial agent	Isolates							
	<i>E. coli</i> (147)		<i>Enterobacter</i> spp. (167)		<i>K. pneumoniae</i> (90)		<i>Serratia</i> spp. (79)	
	MIC _{50/90} µg/ml	%Susc	MIC _{50/90} µg/ml	%Susc	MIC _{50/90} µg/ml	%Susc	MIC _{50/90} µg/ml	%Susc
Ampicillin	>16/>16	46.3	>16/>16	34.7	>16/>16	6.7	>16/ >16	17.7
Piperacillin	4/>128	53.7	2/>128	65.3	16/>128	61.1	≤1/>128	81.0
Amoxicillin/clavulanate	1/16	76.2	>16/ >16	5.4	2/16	82.2	>16/ >16	11.4
Piperacillin/tazobactam	≤0.5/2	95.2	1/64	75.5	1/64	86.7	1/32	88.6
Ceftriaxone	≤0.25/≤0.25	97.7	≤0.25/>32	74.9	≤0.25/32	85.6	≤0.25/16	89.9
Ceftazidime	≤0.12/0.5	97.3	0.25/>16	74.9	≤0.12/>16	85.6	≤0.12/1	93.7
Cefepime	≤0.12/≤0.12	98.0	≤0.12/4	97.1	≤0.12/4	93.3	≤0.12/0.5	97.5
Aztreonam	≤0.12/0.25	98.0	≤0.12/>16	78.4	≤0.12/16	87.8	≤0.12/4	93.7
Imipenem	0.25/0.5	100.0	0.5/2	98.8	0.25/1	100.0	0.5/2	100.0
Amikacin	2/4	100.0	2/8	95.8	2/8	96.7	2/16	93.7
Gentamicin	1/2	94.6	0.5/2	92.2	0.5/>16	82.2	0.5/16	83.5
Tobramycin	1/2	93.2	1/16	82.0	1/16	80.0	2/>16	82.3
Ciprofloxacin	≤0.015/0.12	93.9	≤0.015/>2	85.6	0.03/0.25	95.6	0.06/2	89.9
Ofloxacin	0.06/0.5	93.2	0.06/>4	83.8	0.06/1	95.6	0.25/2	93.7
Levofloxacin	≤0.5/≤0.5	93.9	≤0.5/>4	86.8	≤0.5/≤0.5	96.7	≤0.5/1	97.5

Table 4. Antimicrobial susceptibility (%S) and activity spectrum (MIC_{50/90}) of different antimicrobial agents against gram-negative organisms cultured from patients with lower respiratory tract infection.

Antimicrobial agent	Isolates					
	<i>P. aeruginosa</i> (n=428)		<i>Acinetobacter</i> spp. (n=92)		<i>S. maltophilia</i> (n=55)	
	MIC _{50/90} µg/ml	%Susc	MIC _{50/90} µg/ml	%Susc	MIC _{50/90} µg/ml	%Susc
Piperacillin	4/>128	83.2	128/ >128	35.9	64/>128	30.9
Ticarcillin	16/>128	80.6	32/128	46.7	32/>128	43.6
Ticarcillin-clavulanate	16/128	83.4	32/>128	49.9	2/64	81.8
Piperacillin-tazobactam	4/>64	88.6	32/>64	48.9	16/>64	52.7
Ceftriaxone	16/>32	41.8	>32/>32	33.7	>32/>32	13.0
Ceftazidime	2/>16	82.9	16/>16	46.7	4/>16	70.9
Cefepime	2/16	86.9	8/>16	60.9	>16/>16	58.2
Aztreonam	4/>16	77.3	>16/>16	23.9	16/>16	43.6
Meropenem	0.25/8	86.5	1/>8	77.2	>8/>8	9.1
Imipenem	1/>8	79.4	0.5/>8	79.4	>8/>8	0.0
Amikacin	4/16	91.1	16/>32	50.0	16/>32	61.8
Gentamicin	2/>16	77.3	>16/>16	34.8	4/>16	50.9
Ciprofloxacin	0.25/>2	78.3	>2/>2	38.0	0.5/>2	81.8
Ofloxacin	1/>4	70.1	>4/>4	38.0	0.5/2	96.4
Levofloxacin	≤0.5/>4	77.3	4/>4	39.1	≤0.5/1	95.7

^ano NCCLS breakpoint defined; ^b investigational drug, no NCCLS breakpoints defined

first-line antibiotics, although the situation with *P. aeruginosa* and *Staphylococcus aureus* gives reason for concern. Close monitoring of bacterial isolates for resistance will be required.

ACKNOWLEDGMENTS

The authors wish to thank Miriam Klootwijk, Karlijn Kusters, Stefan de Vaal and Alice Florijn for their expert technical assistance.

REFERENCES

1. Pfaller MA, Jones RN, Doern GV, Kugler K, the SENTRY Participants Group. Bacterial pathogens isolated from patients with bloodstream infection: frequencies of occurrence and antimicrobial susceptibility patterns from the SENTRY antimicrobial surveillance program (United States and Canada 1997). *Antimicrob Agents Chemother* 1998; 42:1762–1770.
2. CDC NNIS System. National nosocomial infections surveillance report, data summary October 1986–April 1996, issued May 1996. *Am J Infect Dis* 1996; 24:380–388.
3. Sader HS, Jones RN, Gales AC, et al. Antimicrobial susceptibility patterns for pathogens isolated from patients in Latin American medical centers with a diagnosis of pneumonia: analysis of results from the SENTRY antimicrobial surveillance program (1997). *Diagn Microbiol Infect Dis* 1998; 32:289–301.
4. Fluit AC, Schmitz F-J, Jones ME, et al. Antimicrobial resistance among community-acquired pneumonia isolates in Europe: first results from the SENTRY Antimicrobial Surveillance Program 1997. *Int J Infect Dis* 1999; 3:153–156.